

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)
IRO Cert#5301

DATE OF REVIEW: JUNE 13, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Left L4-L5 transforaminal ESI with Flouro CPT 64483, 77003, 99144

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Neurology and Pain Management and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

XX Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient history: Patient is a man who sustained a work related injury on XX/XX/XX. He injured his back while XX during his work as a XX. Symptoms include persistent low back and posterior left leg pain. Examinations have demonstrated a positive straight leg raise on the left, as well as antalgic gait. MRI showed disc bulge at L4-5 possibly contacting the traversing left L5 nerve root. EMG study was apparently normal. He has been treated with conservative methods, including physical therapy, NSAID's, opioids analgesics, and neuropathic pain agents such as gabapentin and amitriptyline - all of which have been either unsatisfactory in providing benefit and/or resulting in significant side effects. Due to the persistence in symptoms, along with correlative exam and imaging findings, a request has been submitted for a transforaminal epidural steroid injection (TESI) on the left at the L4-5 level, to be done under fluoroscopic guidance.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE: The request for the TESI is reasonable, given the correlation between the patient's symptoms, exam findings, and imaging results - all pointing toward a left lower lumbar root irritation. The bulging disk at the L4-5 level, as described on the MRI report as compressing the left L5 root, would be consistent with this presentation. Given the data that the patient did not have these symptoms prior to the injury, and the known risk of disk prolapsed in causing radicular symptoms, it is reasonable to link this finding and the patient's radicular symptoms to the work-related injury.

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Therefore, the request for TESI is considered reasonable and medically necessary, since he has not responded to various trials of appropriate conservative treatment.

References: ODG, Medical Experience.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES